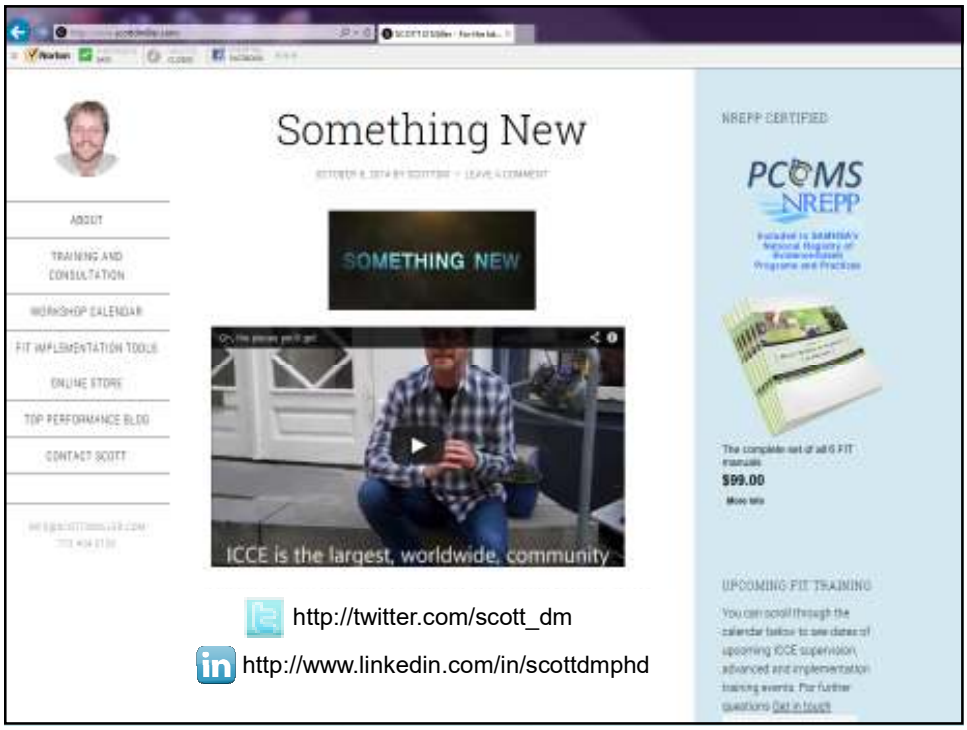
# Achieving Clinical Excellence:

## Three Steps to Superior Performance

*Scott D. Miller, Ph.D.*




http://twitter.com/scott_dm

http://www.linkedin.com/in/scottdmphd


# Achieving Clinical Excellence

## The Facts

- In most studies of psychological treatments conducted over the last 30+ years, the average treated person is better off than 80% of those without the benefit of services;
- The average clinician achieves outcomes on par with success rates obtained in randomized clinical trials (with and without co-morbidity).

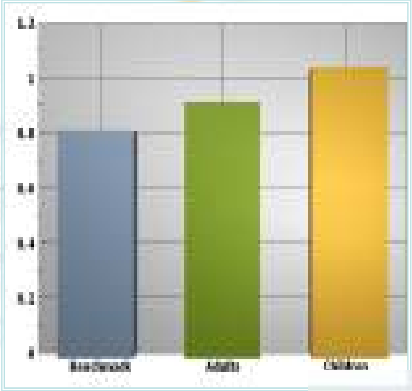
**Duncan, B., Miller, S., Wampold, B., & Hubble, M.** (eds.) (2009). *The Heart and Soul of Change: Delivering What Works.* Washington, D.C.: APA Press.

**Minami, T., Wampold, B., Serlin, R., Hamilton, E., Brown, G., Kircher, J.** (2008). Benchmarking for psychotherapy efficacy. *Journal of Consulting and Clinical Psychology, 76, 116-124.*

# What Works in Therapy:

## An Example

- Recent study:
  - *6,000+ treatment providers*
  - *48,000 plus real clients*
  - *Outcomes clinically equivalent to randomized, controlled, clinical trials.*



**Kendall, P.C., Kipnis, D, & Otto-Salaj, L.** (1992). When clients don't progress. *Cognitive Therapy and Research, 16*, 269-281.

**Minami, T., Wampold, B., Serlin, R. Hamilton, E., Brown, J., Kircher, J.** (2008). Benchmarking the effectiveness of treatment for adult depression in a managed care environment: A preliminary study. *Journal of Consulting and Clinical Psychology,* 76*(1),* 116-124.

# Achieving Clinical Excellence

## The Facts

- Since the 1960's:
  - Number of treatment approaches grown from 60 to 400+;
  - 10,000 "how to" books published on psychotherapy;
  - 145 manualized treatments for 51 of the 397 possible diagnostic groups;


**Beutler, L., Malik, M., Alimohamed, S., Harwood, T.**, et al. (2005). Therapist variables. In M. Lambert (ed.). *Bergin and Garfields Handbook of Psychotherapy and Behavior Change* (5th Ed.). (pp. 227-306). New York: Wiley.

**Miller, S., Hubble, M., & Duncan, B.** (2007). Supershrinks. *Psychotherapy Networker, 31* (6), 36-45, 57.

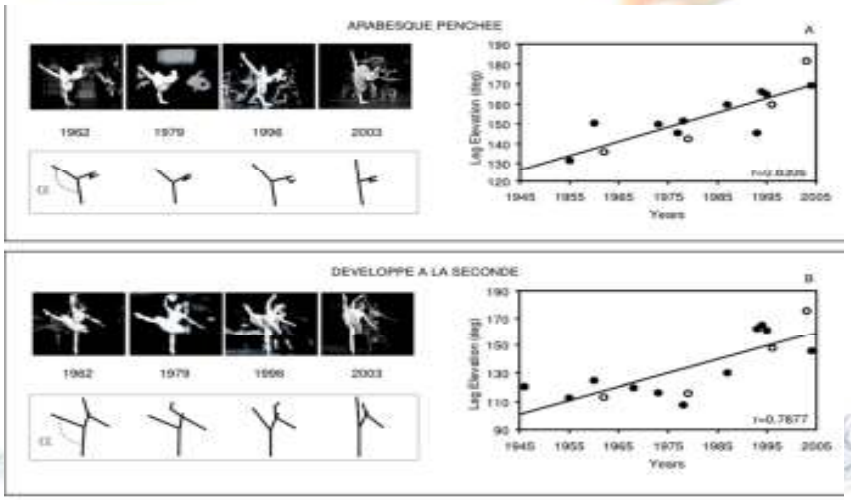
**Duncan, B., Miller, S., Wampold, B., & Hubble, M.** (eds.) (2009). *The Heart and Soul of Change: Delivering What Works.* Washington, D.C.: APA Press.

# Therapist versus Athletes

- Over the last century, the best performance for *all* Olympic events has improved—in some cases by more than 50%!
  - *Today's best high school time in the marathon beats the 1908 Olympic gold medal winning time by more than 20 minutes!*
  - *Improvement has nothing to do with size, genetic changes, or performance enhancing drugs.*

**Colvin, G. (2008).** *Talent is Overrated*. New York: Portfolio.
**Ericsson, K.A., Krampe, R., & Tesch-Romer, C.** (1993). The role of deliverate practice in the acquisition of expert performance. *Psychological Review, 100,* 363-406.
**Schultz, R. & Curnow, C.** (1988). Peak performance and age among super-atheletes. *Journal of Gerontology: Psychological Sciences, 43,* 113-120.

# Achieving Clinical Excellence:
## Therapy versus Ballet



# The Study of Expertise:
## Sources of Superior Performance

- Studied experts in chess, music, art, science, medicine, mathematics, history, computer programming.


Ericsson, K.A., Charness, N., Feltovich, P. & Hoffman. (eds.). *The Cambridge Handbook of Expertise and Expert Performance* (pp. 683-704). New York: Cambridge University Press.

# The Study of Expertise:
## Sources of Superior Performance

## Achieving Clinical Excellence:
### The Study of Expertise

- Compared to other mental health professionals within your field (with similar credentials), how would you rate your overall clinical skills and effectiveness in terms of a percentile?

  Please estimate from 0-100%. For example, 25% = below average, 50% = average, 75% = above average

- What percentage (0-100%) of your clients get better (i.e., experience significant symptom reduction/relief) during treatment? What percentage stay the same? What percentage get worse?

## Achieving Clinical Excellence:
### Sources of Inferior Performance

- Researchers Walfish, McAllister and Lambert surveyed a representative sample psychologists, psychiatrists, social workers, marriage and family therapists from all 50 US states:
  - *No differences in how clinicians rated their overall skill level and effectiveness levels between disciplines.*
- On average, clinicians rated themselves at the 80th percentile:
  - *None rated themselves below average;*
  - *Less than 4% considered themselves average;*
  - *Only 8% rated themselves lower than the 75th %tile;*
  - *25% rated their performance at the 90th% or higher compared to their peers*

**Walfish, S., McAllister, B., O'Donnel, P. Lambert, M.J.** (2012). An investigation of self-assessment bias in mental heal providers. *Psychological Reports, 110*(2), 639-644.

# Achieving Clinical Excellence:
## Sources of Inferior Performance

- With regard to success rates:
  - *The average clinician believed that 80% of their clients improved as a result of being in therapy with them* (17%, stayed the same, 3% deteriorated);
  - *Nearly a quarter sampled believed that 90% or more improved!*
  - *Half reported than none (0%) of their clients deteriorated while in their care.*
- The facts?
  - *Effectiveness rates vary tremendously* (RCT average RCI = 50%, best therapists = 70%);
  - *Therapists consistently fail to identify deterioration and people at risk for dropping out of services* (10 & 47%, respectively)

**Walfish, S., McAllister, B., O'Donnel, P. Lambert, M.J.** (2012). An investigation of self-assessment bias in mental heal providers. *Psychological Reports, 110*(2), 639-644.

# Achieving Clinical Excellence:
## Sources of Inferior Performance

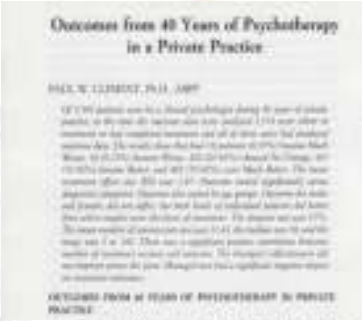
- Psychologist Paul Clement publishes a quantitative study of 26 years as a psychologist
  - *683 cases falling into 84 different DSM categories.*

"I had expected t find that I had got better and better over the years…b *my data failed to suggest* <u>*any*</u>*…cha in my therapeutic effectiveness acrc the 26 years in question."*

**Clement, P.** (1994). Quantitative evaluation of 26 years of private practice. *Professional Psychology, 25*, 173-176.

# Achieving Clinical Excellence:
## Sources of Inferior Performance

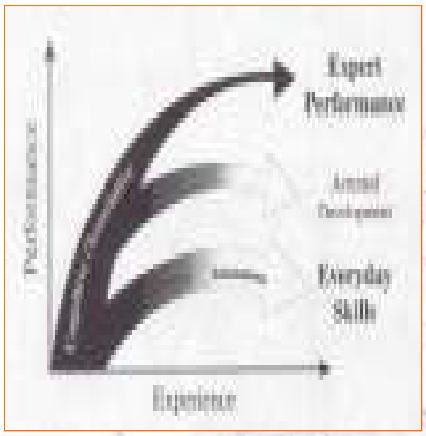
- Reported results from a 40 year period, nearly 2000 different clients:
  - *Outcomes not only failed to improve but actually began to decrease!*

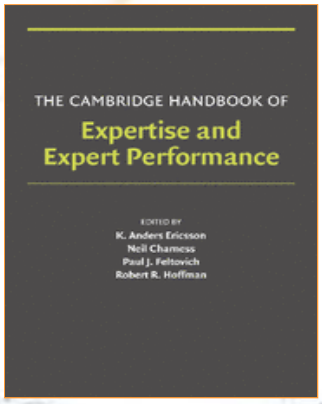

Outcomes from 40 Years of Psychotherapy in a Private Practice

**Clement, P.** (2008). Outcomes from 40 years of Psychotherapy. *American Journal of Psychotherapy, 62*(3), 215-239.

C[illegible]ive evaluation of 24 [illegible] practice. *Professional Psychology, 25*, 173-176.

# Achieving Clinical Excellence:
## Sources of Inferior Performance

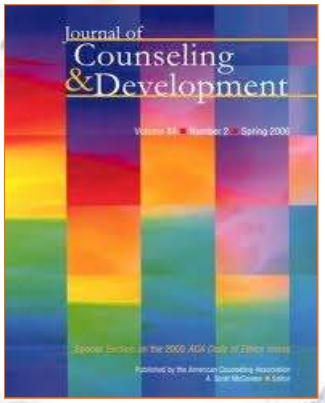



**Ericsson, K.A., Charness, N., Feltovich, P. & Hoffman, R.** (eds.). (2006). *The Cambridge Handbook of Expertise and Expert Performance* (pp. 683-704). New York: Cambridge University Press.

# Achieving Clinical Excellence:
## Sources of Inferior Performance

- The effectiveness of the "average" therapist plateaus very early.
- Little or no difference in outcome between professional therapists, students and para-professionals.



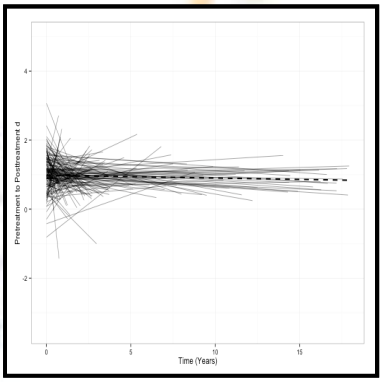

**Atkins, D.C., & Christensen, A.** (2001). Is professional training worth the bother? A review of the impact of psychotherapy training on client outcome. *Australian Psychologist, 36,* 122-130.

**Nyman, S. et al.** (2010). Client outcomes across counselor training level within multitiered supervision model. *Journa of Counseling and Development, 88,* 204-209.

# Achieving Clinical Excellence:
## Sources of Inferior Performance

How Do Therapists Develop?

- **The largest study to date on the effect of experience on outcome;**
- **75 Therapists followed over 17 years;**
- **On average outcomes declined over time.**




**Goldberg, S., Rousemaniere, T., Miller, S.D**. et al. (2016). Do therapists improve with time and experience? *Journal of Counseling Psychology, 63*, 1-11.

# Achieving Clinical Excellence:
## The Lifecycle of Inferior Performance

THE GLOBAL EDITION OF THE NEW YORK TIMES

COMMENTARY LETTERS

### Average is over

**Thomas L. Friedman**

say, if horses could have voted, there never would have been cars. But there's been an acceleration. As Davidson notes, "In the 10 years ending in 2009, [U.S.] factories shed workers so fast that they erased almost all the gains of the previous 70 years; roughly one out of every three manufacturing jobs — about 6 million in total — disappeared."

And you ain't seen nothin' yet. Last April, Annie Lowrey of Slate wrote

foreman immediately roused 8,000 workers inside the company's dormitories, according to the executive. Each employee was given a biscuit and a cup of tea, guided to a workstation and within half an hour started a 12-hour shift fitting glass screens into beveled frames. Within 96 hours, the plant was producing over 10,000 iPhones a day. 'The speed and flexibility is breathtaking,' the executive said. 'There's no American plant that can match that.'"

**In the 21st-century economy, everyone is going to have to find something extra to stand out in their field.**

And automation is not just coming to manufacturing, explains Curtis Carlson, the chief executive of SRI International, a Silicon Valley idea lab that invented the Apple iPhone program known as Siri, the digital personal assistant. "Siri is the beginning of a huge transformation in how we interact with banks, insurance companies, retail stores, health care providers, information retrieval services and product ser-

"In the past, workers with average skills, doing an average job, could earn an average lifestyle. But today average is officially over. Being average just won't earn you what it used to. It can't when so many more employers have access to so much more above average, inexpensive labor…"

# Achieving Clinical Excellence:
## The Lifecycle of Inferior Performance

Superior

Performance Potential

- All performers *within* a domain start off with an equal chance of superior performance:
  - *Completed basic training and education*
  - *Begin work as an "apprentice" with supervision*
  - *Strive not to make mistakes*
- After a few months (50 hours) of experience, most professionals achieve a stable average performance:
  - *Automaticity sets in*
  - *Supervision and feedback decrease*

Experience

- Outcomes remain unchanged or deteriorate over time while confidence increases

Inferior

**Ericsson, K. A.** (2006). The influence of experience and deliberate practice on the development of superior expert performance. In K.A. Ericsson, N. Charness, P. Feltovich, and R. Hoffman (eds.). *The Cambridge Handbook of Expertise and Expert Performance.* New York: Cambridge University Press, p. 683.

# Achieving Clinical Excellence:
## The Lifecycle of Inferior Performance

"The enemy of excellence is proficiency…"

**Ericsson, K. A.** (2006). The influence of experience and deliberate practice on the development of superior expert performance. In K.A. Ericsson, N. Charness, P. Feltovich, and R. Hoffman (eds.). *The Cambridge Handbook of Expertise and Expert Performance.* New York: Cambridge University Press, p. 683.

# Achieving Clinical Excellence:
## The "Supershrink" Project

**Supershrink:**
(n. soo-per-shrĭngk), slang

- *Unusually effective and talented psychotherapist;*
- *Widely believed to exist in real life;*

*(See virtuoso, genius, savant, expert, master)*

**Ricks, D.F.** (1974). Supershrink: Methods of a therapist judged successful on the basis of adult outcomes of adolescent patients. In D.F. Ricks, M. Roff, & A. Thomas (eds.). *Life History in Research in Psychopathology.* Minneapolis, MN: University of Minnesota Press.
**Okiishi, J., Lambert, M., Nielsen, S., Ogles, B.** (2003). Waiting for supershrink. *Clinical Psychology & Psychotherapy, 10*(6), 361-373.

# Achieving Clinical Excellence:

## Three Steps to Superior Performance

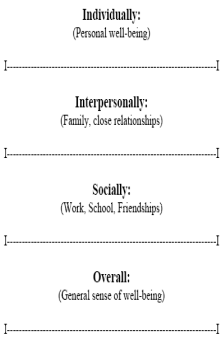
1. Know your baseline;
2. Formal, routine, ongoing feedback;
3. Engage in "deliberate practice."

**Miller, S., Hubble, M., & Duncan, B.** (2007). Supershrinks: Learning from the field's most effective practitioners. *Psychotherapy Networker, 31*(6), 26-35, 56.
**Miller, S.D. & Hubble, M.A.** (2011). The road to mastery. *Psychotherapy Networker*, *35*(2), 22-31, 60.

# Step One:

## Knowing your Baseline

ORS



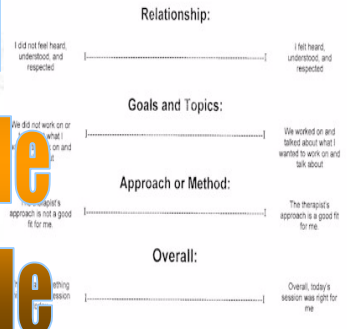

Outcome

**Valid**

**Reliable**

**Feasible**

SRS




Alliance

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**www.scottdmiller.com**

## Outcome Rating Scale (ORS)

Name _____ Age (Yrs):_____ Sex: M / F
Session # _____ Date: _____
Who is filling out this form? Please check one: Self_____ Other_____
If other, what is your relationship to this person? _____

Looking back over the last week (or since your last visit), including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. *If you are filling out this form for another person, please fill out according to how you think he or she is doing.*

**Individually:**
(Personal well-being)

I----------I

**Interpersonally:**
(Family, close relationships)

I----------I

**Socially:**
(Work, School, Friendships)

I----------I

**Overall:**
(General sense of well-being)

I----------I

- *Give at the beginning of the visit;*
- *Client places a hash mark on the line.*
- *Each line 10 cm (100 mm) in length.*

- *Scored to the nearest millimeter.*
- *Add the four scales together for the total score*

## Child Outcome Rating Scale (CORS)

Name _____ Age (Yrs):____
Sex: M / F_____
Session # _____ Date: _____

How are you doing? How are things going in your life? Please make a mark on the scale to let us know. The closer to the smiley face, the better things are. The closer to the frowny face, things are not so good.

**Me**
(How am I doing?)

I----------I

**Family**
(How are things in my family?)

I----------I

**School**
(How am I doing at school?)

I----------I

**Everything**
(How is everything going?)

I----------I

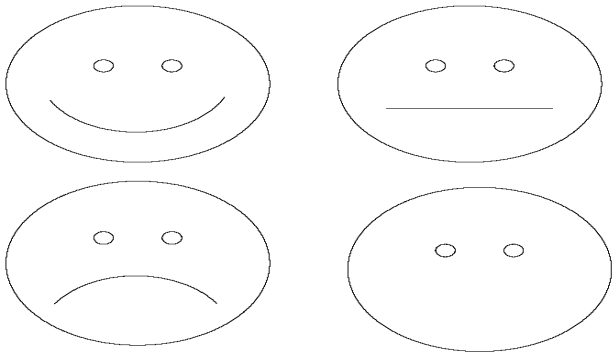
Institute for the Study of Therapeutic Change

www.talkingcure.com

**Young Child Outcome Rating Scale (YCORS)**

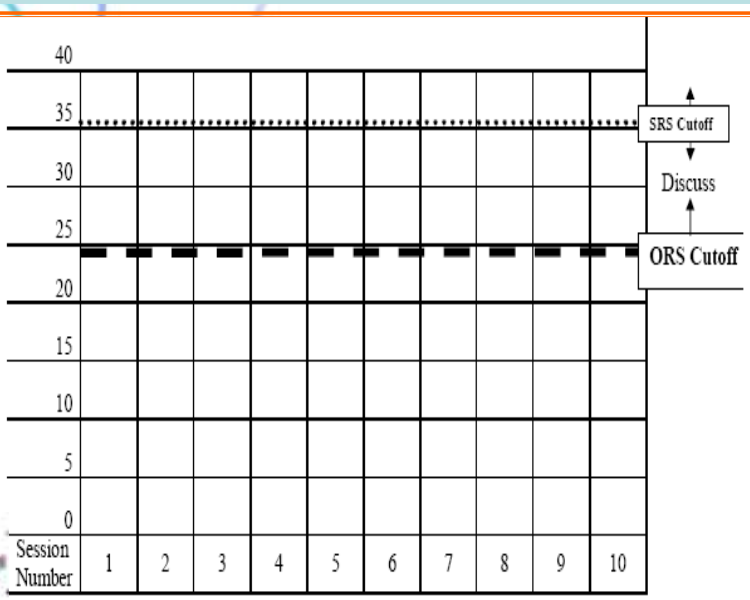
Name _____Age (Yrs):____
Sex: M / F_____
Session # _____ Date: _____

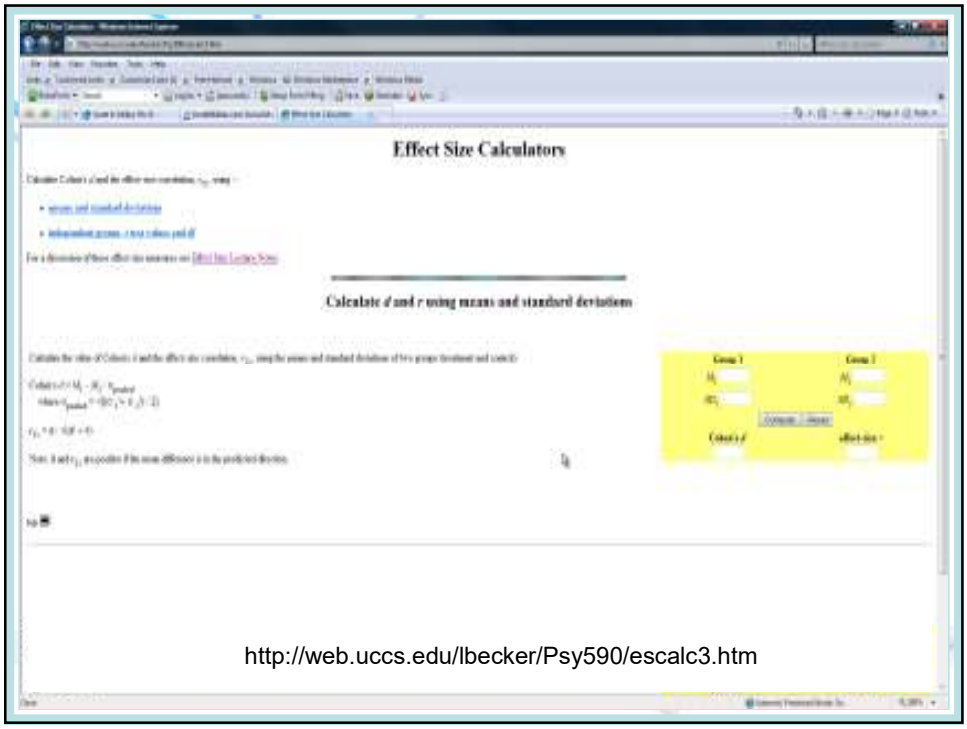
Choose one of the faces that show how things are going for you. Or, you can draw one below that is just right for you.

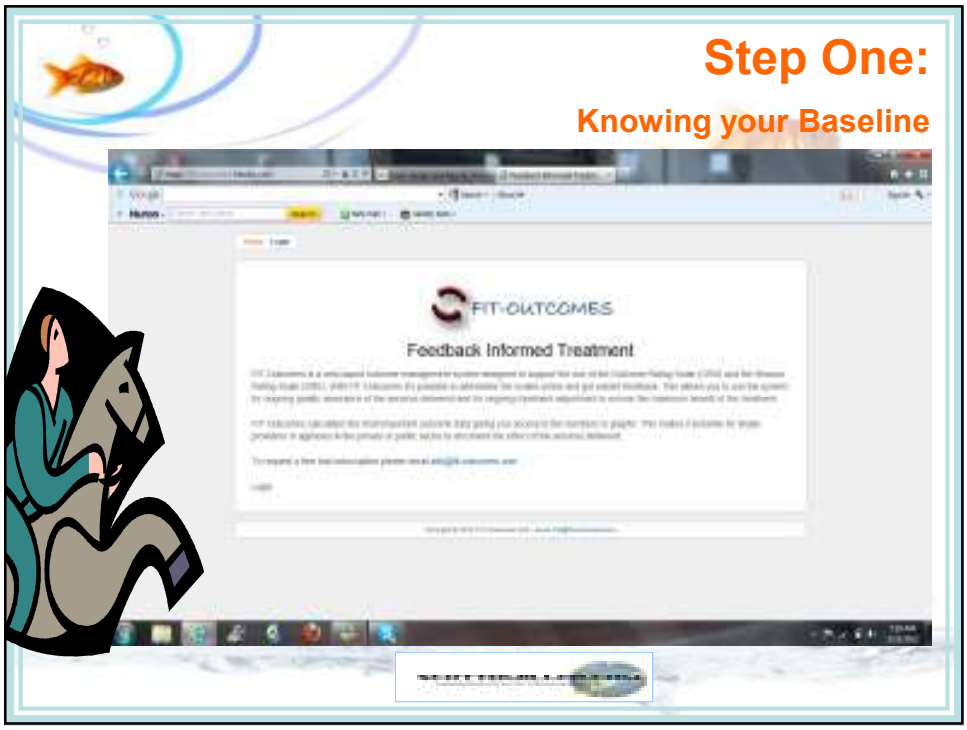


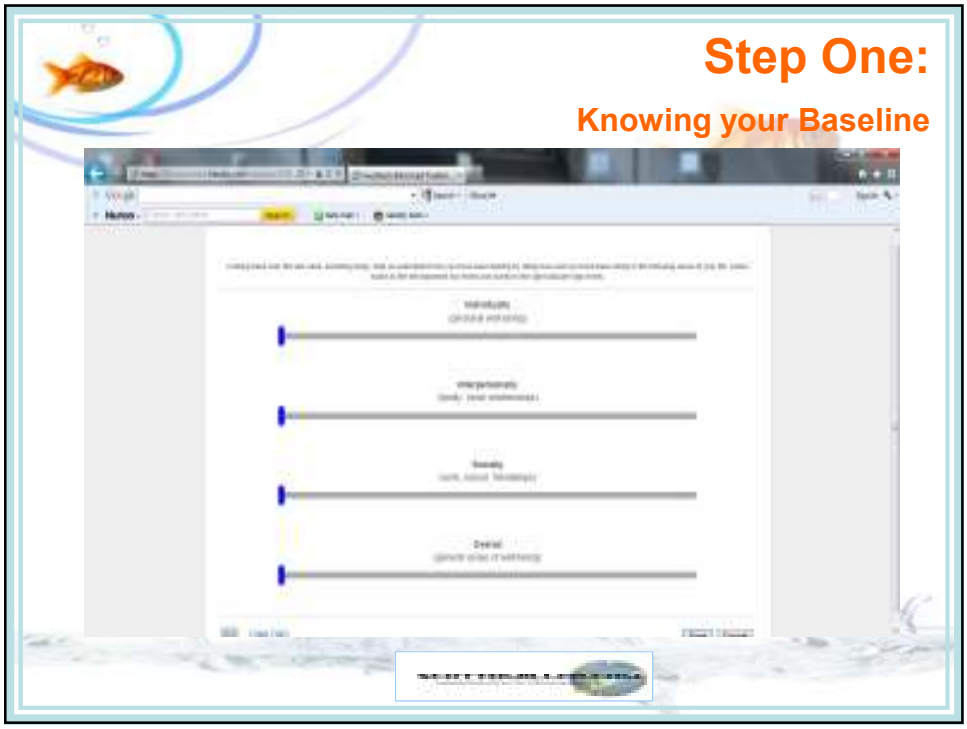
Institute for the Study of Therapeutic Change
www.talkingcure.com






Effect Size Calculators
Calculate d and r using means and standard deviations
http://web.uccs.edu/lbecker/Psy590/escalc3.htm


Step One:
Knowing your Baseline
FIT-OUTCOMES
Feedback Informed Treatment




| Performance Metrics | ACTIVE | INACTIVE |
|---|---|---|
| Clients | 116 | 53 |
| Episodes | 98 | 42 |
| Sessions | 377 | 105 |
| Average Sessions | 3.85 | 2.50 |
| Average Treatment Length (months) | 2.95 | 2.88 |
| Dropout Rate | - | 2.1% |
| **Clients** | | |
| Average Intake ORS | 20.29 | 23.63 |
| Average Intake SRS | 35.19 | 36.61 |
| Average Raw Change | 5.66 | 5.91 |
| Percentage Reaching Target | 57.1% | 70.4% |
| Effect Size | 0.53 | 0.75 |
| Relative Effect Size | -0.23 | -0.01 |
| **Collateral Raters** | | |
| Average Intake ORS | 18.76 | 20.91 |
| Average Intake SRS | 34.87 | 38.63 |
| Average Raw Change | 9.11 | 1.73 |
| Percentage Reaching Target | 75.0% | 0.0% |
| Effect Size | 0.61 | 0.49 |
| Relative Effect Size | 0.04 | -0.27 |

# Achieving Clinical Excellence:
## The "Supershrink" Project

**Supershrink:**
(n. soo-per-shrĭngk), slang

- *Unusually effective and talented psychotherapist;*
- *Widely believed to exist in real life;*

*(See virtuoso, genius, savant, expert, master)*

William Andrews
Research Coodinator
HGI Practice Research Network

**Ricks, D.F.** (1974). Supershrink: Methods of a therapist judged successful on the basis of adult outcomes of adolescent patients. In D.F. Ricks, M. Roff, & A. Thomas (eds.). *Life History in Research in Psychopathology.* Minneapolis, MN: University of Minnesota Press.
**Okiishi, J., Lambert, M., Nielsen, S., Ogles, B.** (2003). Waiting for supershrink. *Clinical Psychology & Psychotherapy, 10*(6), 361-373.

# Achieving Clinical Excellence:
## Three Steps to Superior Performance

Step 2:

Formal, Routine, Ongoing Feedback

"Therapists typically are not cognizant of the trajectory of change of patients seen by therapists in general…that is to say, they have no way of comparing their treatment outcomes with those obtained by other therapists."

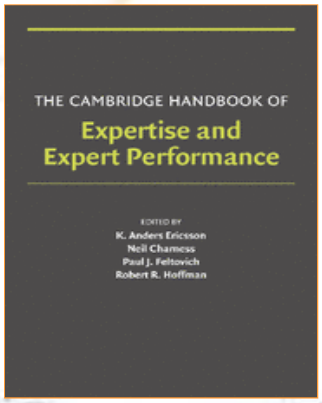
**Wampold, B., & Brown, J.** (2006). Estimating variability in outcomes attributable to therapists: A naturalistic study of outcomes in managed care. *Journal of Consulting and Clinical Psychology, 73* (5), 914-923.
**Miller, S.D., Hubble, M.A., Chow, D.L., & Seidel, J.A.** (2013). The outcome of psychotherapy: Yesterday, today, and tomorrow. *Psychotherapy, 50*, 88-97.

# Achieving Clinical Excellence:

## Three Steps to Superior Performance

Excellent performers judge their performance differently:

- *Compare to their "personal best"*
- *Compare to the performance others*
- *Compare to a known national standard or baseline*

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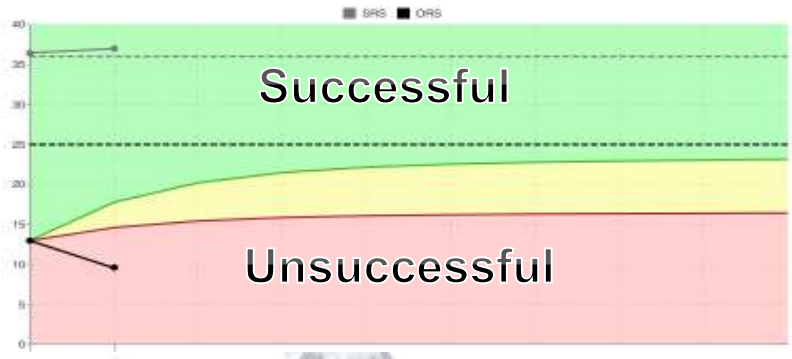
# Step Two:

## Formal, Routine, Ongoing Feedback



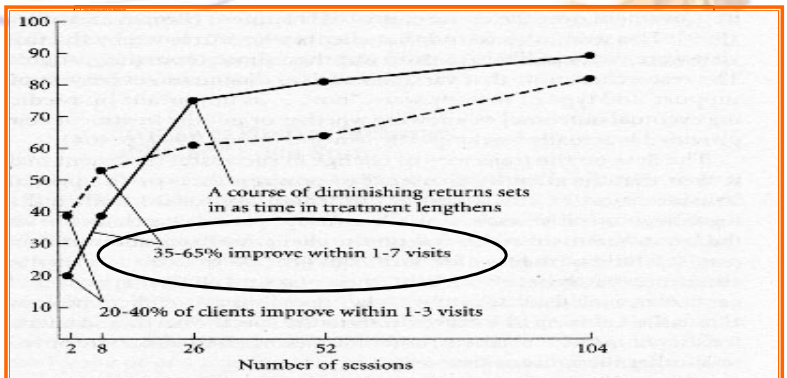
# Achieving Clinical Excellence:

## Integrating Outcome into Care

- In 1906, 85 year old British Scientist Sir Francis Galton attends a nearby county fair;
- Happens on a weight judging competition:
  - People paid a small fee to enter a guess.
- Discovers that the average of all guesses was significantly closer than the winning guess!

# Achieving Clinical Excellence:

## Integrating Outcome into Care




*Note.* Objective ratings at termination are shown by the solid line; subjective ratings during therapy are shown by the broken line.

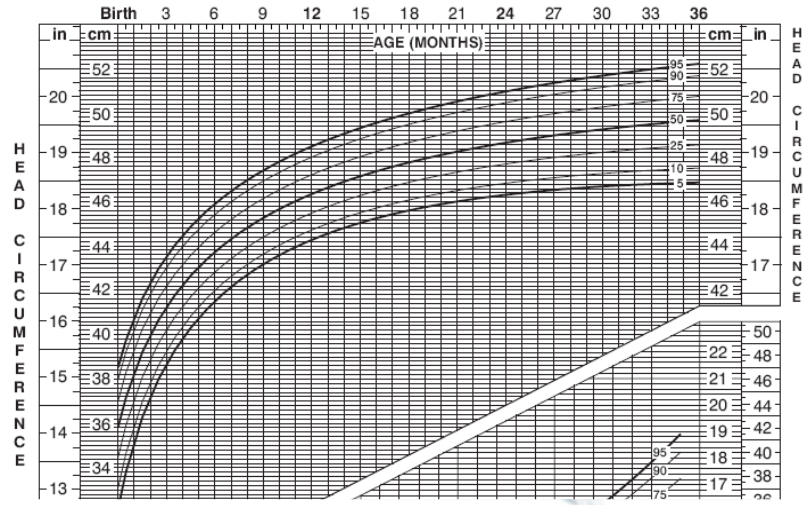
**Figure 4.1. Relation of Number of Sessions of Psychotherapy and Percentage of Clients Improved**

**Howard, K.,** et al. (1986). The dose-effect response in psychotherapy. *American Psychologist, 42*, 159-164.

**Brown, J.,** et al. (1999). What really makes a difference in psychotherapy outcome? In M.A. Hubble, B. Duncan, & S. Miller (eds.) (1999). *The Heart and Soul of Change* (pp. 389-406). Washington, D.C: APA Press.

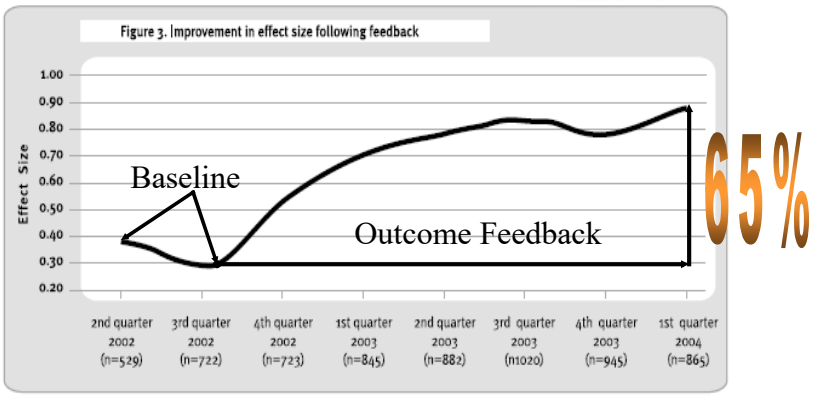
# Achieving Clinical Excellence:

## Integrating Outcome into Care




# Achieving Clinical Excellence:

## The Impact of Feedback on Outcome




Miller, S.D., Duncan, B.L., Sorrell, R., Brown, G.S., & Chalk, M.B. (2007). Using outcome to inform therapy practice. *Journal of Brief Therapy, 5*(1).

# Achieving Clinical Excellence:

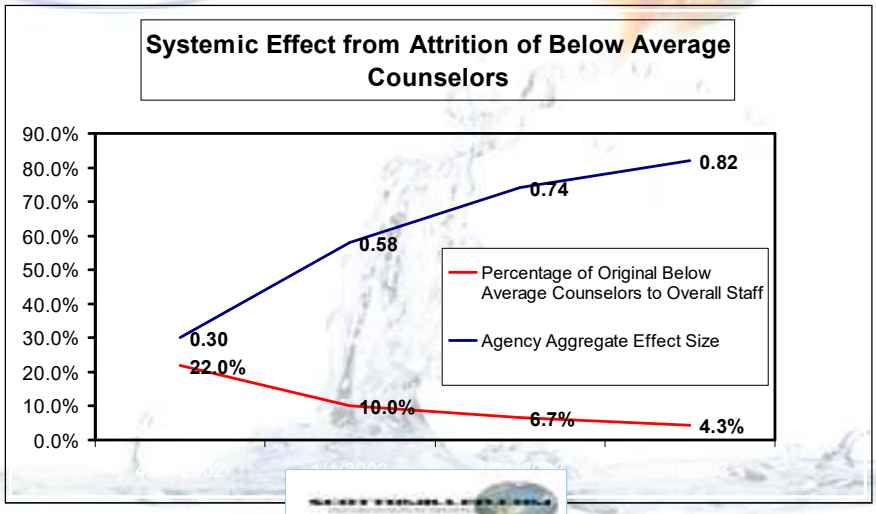
## The Impact of Feedback on Outcome


- •461 Norwegian couples seen in marital therapy
- •Two treatment conditions:
  - •Treatment as Usual (routine marital therapy without feedback);
  - •Marital therapy with feedback;
- •Groups indistinguishable at the outset of care.
- •The percentage of couples in which both meet or exceed the target or better:
  - *•Treatment as usual: 17%*
  - *•Treatment with feedback: 51%*
  - *•Feedback: 50% less separation/divorce*

Anker, M., Duncan, B., & Sparks, J. (2009). The effect of feedback on outcome in Marital therapy. *Journal of Consulting and Clinical Psychology, 77*(4), 693-704.

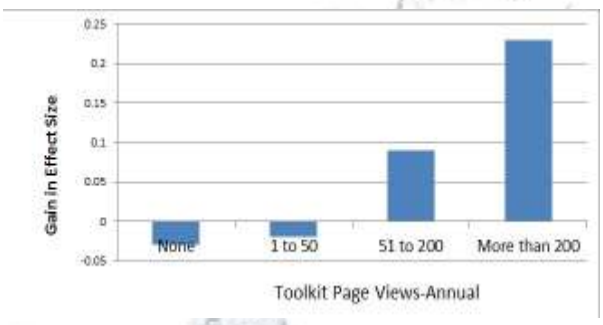
# Achieving Clinical Excellence:

## Three Steps to Superior Performance



# Step Two:

## Formal, Routine, Ongoing Feedback




**Brown, J.** (2014). Measurement + feedback = improved outcomes. https://psychoutcomes.org/DecisionSupportToolkit/ToolkitUsageAndOutcomes. Retrieved August 20, 2014.

# Achieving Clinical Excellence:

## Creating a "Culture of Feedback"

**Outcome Rating Scale (ORS)**

Name _____ Age (Yrs): ____
ID# _____ Sex: M / F
Session # ____ Date: _____

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels.

•When scheduling a first appointment, provide a rationale for seeking client feedback regarding outcome.

- *Work a little differently;*
- *If we are going to be helpful should see signs sooner rather than later;*
- *If our work helps, can continue as long as you like;*
- *If our work is not helpful, we'll seek consultation (session 3 or 4), and consider a referral (within no later than 8 to 10 visits).*

## The Excellence Challenge


Will you formally seek and use feedback to guide service delivery?

## Achieving Clinical Excellence:
### Three Steps to Superior Performance

"Successful people spontaneously do things differently from those individuals who stagnate...Elite performers engage in…effortful activity designed to improve individual target performance."

Step Three:
Engaging in Deliberate Practice

**Collier, C.** (November 2006). Finalword: The expert on experts. *Fast Company*, 116.
**Chow, D., Miller, S.D., Seidel, J., Kane, R., & Andrews, B**. (2015). The role of deliberate practice in the development of highly effective psychotherapists. *Psychotherapy, 52*(3), 337-345

# Achieving Clinical Excellence:
## How Deliberate Practice Works


•Research indicates that performers (math, science, sports, chess, etc.) reliant on general cognitive strategies or inference methods behave expertly on almost *no* tasks;

•Similarly, available evidence shows that training clinicians in "evidence-based," manualized therapies, diagnosis, *and even the alliance* has little if any impact on outcome.

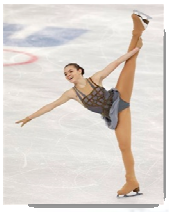
**Miller, S.D., Hubble, M.A., Chow, D.L., & Seidel, J.** (2013). The outcome of psychotherapy: yesterday, today, and tomorrow. *Psychotherapy, 50*(1), 88-97.

# Achieving Clinical Excellence:
## Deliberate Practice

- **Deliberate practice includes:**
  a. *Working hard at overcoming "automaticity";*
  b. *Planning, strategizing, tracking, reviewing, and adjusting plan and steps;*
  c. *Consistently measuring and then comparing performance to a known baseline or national standard or norm.*
- **Elite performers engage in practice designed to improve target performance:**
  a. *Every day of the week, including weekends;*
  b. *For periods of 45 minutes maximum, with periods of rest in between;*
  c. *The best up to 4 hours per day.*

# Achieving Clinical Excellence:
## Deliberate Practice

"Unlike play, deliberate practice is not inherently motivating; and unlike work, it does not lead to immediate social and monetary rewards…and [actually] generates costs…".



**Ericsson, K.A., Krampe, R., & Tesch-Romer, C.** (1993). The role of deliverate practice in the acquisition of expert performance. *Psychological Review, 100,* 363-406.

# Achieving Clinical Excellence:
## Deliberate Practice

**Zone of "Proximal Development":**

- Reliable performance inconsistent
- Identification of errors, misperceptions
- Setting small process and outcome objectives
- Involves planning, rehearsal, reflection
- Encourages a "Growth" mindset

**Edge of Ability**

**Too Easy**

**Realm of "Reliable" Performance:**

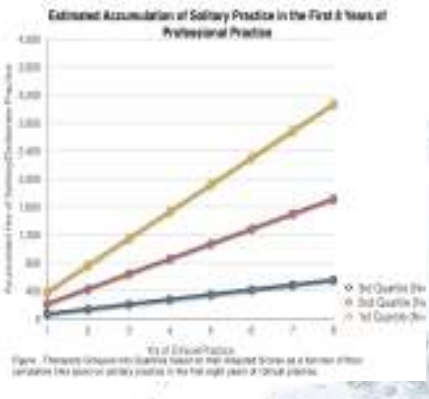
- Processes executed quickly, automatically
- Involves recognition, retrieval, execution

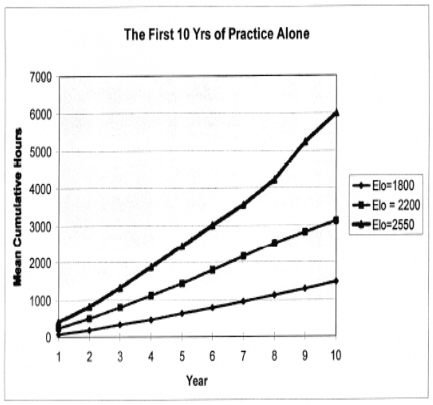
**Too Difficult**

**Ambit of Admiration:**

- Abilities of others appear flawless, magical, dramatic
- Effort and attention focused on easily recognized, but non-causal factors and/or processes (superstition)
- Risk of failure and injury high
- Temptation to adopt "Fixed" mindset

# Achieving Clinical Excellence:
## Deliberate Practice






**Charness, N., Krampe. R., & Mayu, U.** (1996). The role of practice and coaching in entrepreneurial skill domains. In K.A. Ericsson (ed.). *The road to excellence: The acquisition of expert performance in the arts and sciences, sports, and games* (pp. 51-80). Hillsdale, NJ: LEA.

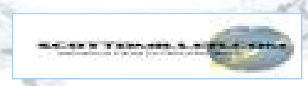
**Chow, D., Miller, S. D., Seidel, J. A., Kane, R., & Thornton, J., Andews, W. P.** (2015). The role of deliberate practices in the development of highly effective psychotherapists. *Psychotherapy, 52, 337-345* .

# Achieving Clinical Excellence:
## Deliberate Practice

BASICS

MISTAKES

**Miller, S.D., & Hubble, M.A.** (2011). The road to mastery. *The Psychotherapy Networker, 35*(2), 22-31, 60.



# Achieving Clinical Excellence:
## The Importance of Community

- Supportive Community:
  - *WHO will guide you?*
  - *WHEN will you do DP?*
  - *WHAT will you compare your work to?*
  - *HOW will you seek feedback?*

•Supportive Community:

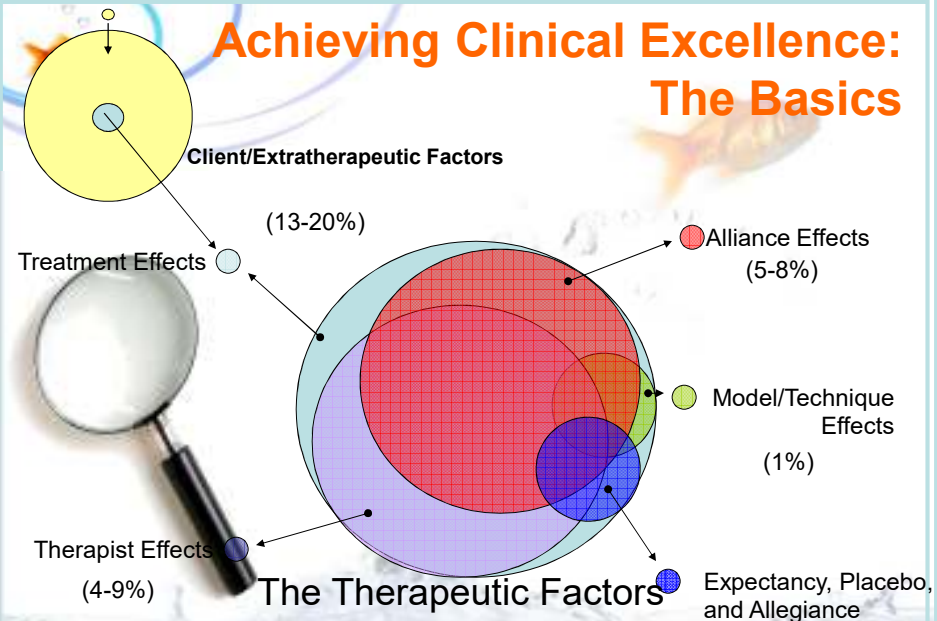
•Access to experts;

•Time for practice & reflection;

•Norm reference;

•Culture of feedback

# Achieving Clinical Excellence:
## The Basics



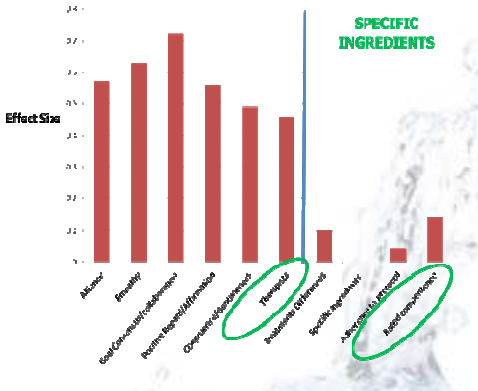

**Miller, S.D., & Hubble, M.A.** (2011). The road to mastery. *The Psychotherapy Networker, 35*(2), 22-31, 60.

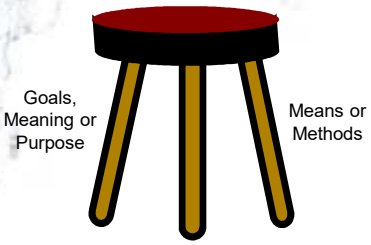
## Achieving Clinical Excellence: The Basics

- **Model & Technique (1%):** Structure, explanation, strategy, ritual
- **Hope & Allegiance (4%):** Belief in the process and expectation of results
- **Relationship (8-9%):** Understanding, empathy, collaboration


Wampold, B., & Imel, Z. (2015). *The Great Psychotherapy Debate*. New York: Lawrence Erlbaum.

## BASICS

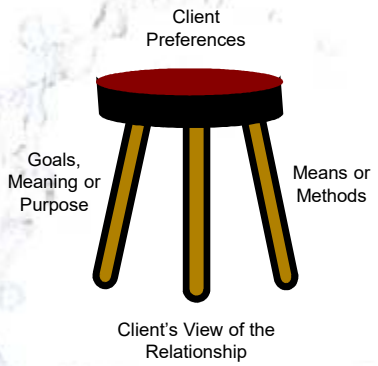



Wampold, B., & Imel, Z. (2015). *The Great Psychotherapy Debate*. New York: Lawrence Erlbaum.

# BASICS

- Baldwin et al. (2007):
  - *Study of 331 consumers, 81 clinicians.*
  - *Therapist variability in the alliance predicted outcome.*
  - *Consumer variability in the alliance* <u>unrelated</u> *to outcome.*




Baldwin, S., Wampold, B., & Imel, Z. (2007). Untangling the Alliance-Outcome Correlation. *Journal of Consulting and Clinical Psychology, 75*(6), 842-852

# Achieving Clinical Excellence:
## Engaging in Deliberate Practice

- Researchers Anderson, Ogles, Lambert & Vermeersch (2009):
  - *25 therapists treating 1100+ clients;*
  - *Variety of demographic variables;*
  - *Measure of interpersonal skills (SSI).*
- Domain-specific interpersonal knowledge tested by using therapist responses to challenging therapeutic interactions:
  - *Four problematic therapeutic process segments;*
  - *Multiple challenging interpersonal patterns (e.g., angry, dependent, confused, blaming, controlling, etc.).*
- Considerable differences in outcome between clinicians (~9%):
  - *Age, gender, percentage of work time spent conducting therapy, theoretical orientation not correlated with outcome;*
  - *General interpersonal skills not correlated with outcome;*
  - *Only domain-specific interpersonal knowledge predicted outcome*

**Anderson, T. Ogles, B., Lambert, M., Vermeersch, D.** (2009). Therapist effects: Facilitative interpersonal skills as a predictor of therapist success. *Journal of Clinical Psychology, 65*(7), 755-768.

**Session Rating Scale (SRS V.3.0)**

Name _____ Age (Yrs): ____
ID# _____ Sex: M / F
Session # ____ Date: _____

Please rate today's session by placing a hash mark on the line nearest to the description that best fits your experience.

- *Give at the end of each session;*
- *Each line 10 cm in length;*

**Relationship**

I did not feel heard, understood, and respected. |----------| I felt heard, understood, and respected.

**Goals and Topics**

We did not work on or talk about what I wanted to work on and talk about. |----------| We worked on and talked about what I wanted to work on and talk about.

**Approach or Method**

The therapist's approach is not a good fit for me. |----------| The therapist's approach is a good fit for me.

**Overall**

There was something missing in the session today. |----------| Overall, today's session was right for me.

- *Score in cm to the nearest mm;*
- *Discuss each visit but always when:*
  - *The total score falls below 36.*
  - *Decreases of 1 point.*

**Child Session Rating Scale (CSRS)**

Name _____ Age (Yrs): ____
Sex: M / F
Session # ____ Date: _____

How was our time together today? Please put a mark on the lines below to let us know if how you feel.

**Listening**

_____ did not always listen to me. I----------I _____ listened to me.

**How Important**

What we did and talked about was not really that important to me. I----------I What we did and talked about were important to me.

**What We Did**

I did not like what we did today. I----------I I liked what we did today

**Overall**

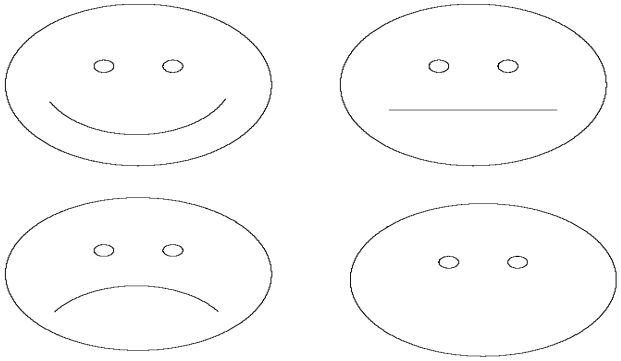
I wish we could do something different. I----------I I hope we do the same kind of things next time.

Institute for the Study of Therapeutic Change

## Young Child Session Rating Scale (YCSRS)

Name _____Age (Yrs):____
Sex: M / F_____
Session # ____ Date: _____

Choose one of the faces that shows how it was for you to be here today. Or, you can draw one below that is just right for you.



Institute for the Study of Therapeutic Change

www.talkingcure.com



## Group Session Rating Scale (GSRS)

Name _____Age (Yrs):____
ID# _____ Gender_____
Session # ____ Date: _____

Please rate today's group by placing a mark on the line nearest to the description that best fits your experience.

**Relationship**

I did not feel understood, respected, and/or accepted by the leader and/or the group. |————————————————————| I felt understood, respected, and accepted by the leader and the group.

**Goals and Topics**

We did not work on or talk about what I wanted to work on and talk about. |————————————————————| We worked on and talked about what I wanted to work on and talk about.

**Approach or Method**

The leader and/or the group's approach is a not a good fit for me. |————————————————————| The leader and group's approach is a good fit for me.

**Overall**

There was something missing in group today—I did not feel like a part of the group. |————————————————————| Overall, today's group was right for me—I felt like a part of the group.

International Center for Clinical Excellence

www.scottdmiller.com

# Achieving Clinical Excellence:
## Deliberate Practice and Feedback

**Session Rating Scale (SRS V.3.0)**

Name _____ Age (Yrs): ____
ID# _____ Sex: M / F
Session # ____ Date: _____

Please rate today's session by placing a hash mark on the line nearest to the description that best fits your experience.

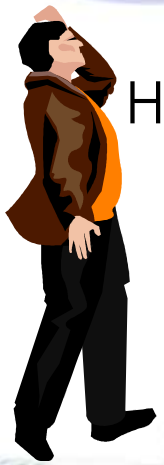
- When scheduling a first appointment, provide a rationale for seeking client feedback regarding the alliance.
  - *Work a little differently;*
  - *Want to make sure that you are getting what you need;*
  - *Not interest in perfect scores;*
  - *Feedback is critical to success.*
- Restate the rationale at the beginning of the first session and prior to administering the scale.

# Achieving Clinical Excellence:
## Deliberate Practice and Feedback

"Wendy"

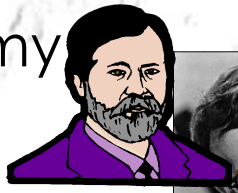
Miller, S.D., Hubble, M.A., Duncan, B.L. (Nov/Dec, 2007). Supershrinks: Learning from the field's most effective practitioners. *The Psychotherapy Networker, 31*(6), 26-35, 56.

# Achieving Clinical Excellence:
## A Clinical Example



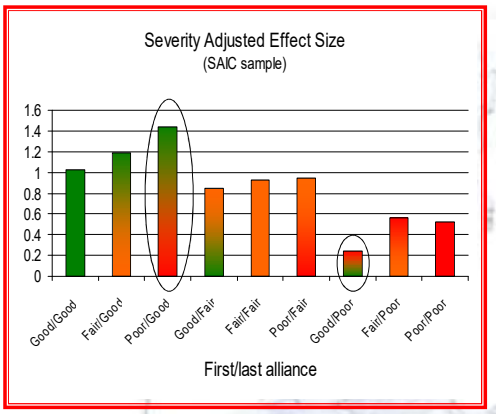
Hey, step into my shoes…

A Case Example



Sigmund Freud

# Achieving Clinical Excellence:
## Deliberate Practice and Feedback




### Principle:

Negative consumer feedback is associated with better treatment outcome.

### Finding:

Consumers who experience a problem but are extremely satisfied with the way it is handled are twice as likely to be engaged as those who never experience a problem.

Fleming, J., & Asplund, J. (2007). *Human Sigma*. New York: Gallup Press.
Duncan, B., Miller, S., Wampold, B., & Hubble, M. (eds.) (2009). *The Heart and Soul of Change* (2nd ed.). Washington, D.C.: APA Press.

# Achieving Clinical Excellence:

## Useful Feedback


- *Descriptive* not *evaluative*
- *Observations* not *inferences*
- *Specific* not *general*
- *Quantities* not *qualities*
- *Task* not *person-oriented*
- *Tied to the self-perceived needs of the receiver*
- *Concerned with behavior over which the receiver has control*
- *Clarified with the receiver*

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